



Texas Department of Agriculture
Structural Pest Control Service Insurance Certificate

ALS-1101

TODD STAPLES, COMMISSIONER

TEXAS ADMITTED CARRIER NO. _____ OR TEXAS SURPLUS LINE CO. NO. _____
(EITHER/OR MUST BE COMPLETED)

NAME OF INSURANCE COMPANY _____
(HEREIN CALLED THE COMPANY)

ADDRESS _____

CERTIFICATE OF INSURANCE

The company hereby states that it has issued to the insured named herein a policy or policies of insurance providing the types of insurance and limits of liability set forth herein. This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies scheduled herein. It is furnished for information only, confers no rights on the holder and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policies as they may be lawfully amended from time to time.

1. Name of Business(Insured): _____
2. TPCL Number (if applicable): _____
3. Name of Business License Holder: _____
Business Location Address: _____
(PO Box Address not accepted)
City, State, Zip: _____

**THIS CERTIFICATE SHALL BE
ISSUED TO:**

**Texas Department of Agriculture
Structural Pest Control Service**

PO Box 12847

Austin Texas 78711-2847

Fax No. 888-223-9013

Phone: (512) 305-8250 or 866-918-4481

www.tda.state.tx.us/spcs

POLICY NUMBER: _____

EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____

The policy has been amended by Texas Amendatory endorsement CG0205 and the company will mail to the Structural Pest Control Service a record of any material change in, including a reduction in the aggregate below \$300,000 or cancellation of said policy or policies, at least **10 days** prior to such change or cancellation.

I certify that the policy identified above and/or endorsements thereto insures the business listed in #1 above against liability for damage to persons or property occurring as a result of operations performed in the course of the business of structural pest control on premises or any other property under the applicant's care, custody, or control in an amount not less than \$200,000 for bodily injury and property damage coverage, with a minimum total aggregate of \$300,000 for all occurrences.

BY: _____ **DATE:** _____
(Signature of Authorized Representative for the Company)

Address City State Zip Phone No.

Texas Insurance Agent License No. _____ OR Non-Resident Agent License No. _____

SEE REVERSE SIDE FOR CERTIFICATE REQUIREMENTS

CERTIFICATE OF INSURANCE REQUIREMENTS
FILLING OUT THE CERTIFICATE CORRECTLY AND COMPLETELY

*******CERTIFICATES THAT HAVE ANY HANDWRITTEN PORTION,
OTHER THAN THE SIGNATURE, ARE NOT ACCEPTABLE*******

Texas Admitted Carrier No. or Texas Surplus Line Company No.: Must indicate one or the other. This is a number assigned to the insurance carrier by the Texas State Board of insurance. You may contact the Texas Department of Insurance at (512) 322-4370 to inquire about your company's status and number.

Name of Insurance Company: Indicate the name of the insurance company.

Address: Indicate the address of the insurance company.

Name of Business/Employer: Indicate the NAME OF THE BUSINESS not the certified applicators name. (Sample: Jim Bob's Pest Control or Major Food Processing Corporation)

TPCL Number (if applicable): This is either the business license number or the Noncommercial certified applicator license number. Leave blank if unknown.

Name of Business License Holder: Name the business license is issued to. Must be only one individual and must match the Application for Business exactly. Leave blank if the insured is a noncommercial entity.

Insured: The business associated to the TPCL number listed in item #2.

Business Location Address: List the physical address of the business. PO Boxes and mailing addresses (if not the same as the physical address) are not acceptable.

City, State, Zip: List the city, state and zip code of the business.

Policy Number: A complete policy number must be indicated in the appropriate box. A binder number is unacceptable.

Effective Date: Policy effective date.

Expiration Date: Policy expiration date.

By: The certificate must be signed by the insurance agent.

Date: Date certificate was completed by the insurance agent.

Address, City, State, Zip: Physical address of the insurance agent.

Phone No.: Insurance agent's telephone number.

Texas Insurance Agent License Number or a Non-Resident Agent License Number: This number must be indicated in the space provided below the agents address at the bottom of the insurance certificate. (If the certificate is being completed by the underwriter – please indicate by placing the word “Underwriter” in the space provided for agent license number.)